

## Louisiana Department of Health and Hospitals, Office of Public Health

## Engineering Services – Safe Drinking Water Program RTCR Level 1 Assessment – Additional Assessor Certification

Certified Operator (print name):		Operator ID:
Distribution Level (1-4)	Production Level (1-4)	) Treatment Level (1-4)
Certification: I certify under penalty of contained herein is true, accurate and certification.  Print Name:	omplete to the best of m	
Signature:		D - 1 -
Email:		
Certified Operator (print name):		Operator ID:
Distribution Level (1-4)	Production Level (1-4)	) Treatment Level (1-4)
contained herein is true, accurate and c Print Name: Signature: Email:	omplete to the best of m	Title: Date: Phone:
Certified Operator (print name):	Declarate 144.4	Operator ID:
Distribution Level (1-4)	Production Level (1-4)	) Treatment Level (1-4)
Certification: I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.  Print Name:  Title:		
Signature:		Date:
Email:		Phone:

When more than 1 Certified Operator is required to complete a Level I Assessment, please include this form as the additional signature page with the completed Level I Assessment Form.

Document Updated: May 16, 2016